PTO/SB/06 (08-03)

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PATENT APPLICATION FEE DETERMINATION RECORD										Appl	Application of Docket Number		
Substitute for Form PTO-875										110	10/8/1969		
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY										OR		ER THAN L ENTITY	
B	FOR NUMBER FILED BASIC FEE			D	NUMBER EXTRA			RATE	FEE		RATE	FEE	
(3	7 CFR 1.16(a)) OTAL CLAIMS								395	OR		\$790	
(3	(37 CFR 1.16(c))			20 =			7	x s 25 =		OR	× 550 =	+ * -	
	DEPENDENT CL 7 CFR 1.16(b))	AIMS	. minus 3 =				7	× \$100 =		OR	× \$200=	 	
.M	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					1	+ \$180 =	 	OR	+:360=	 		
- 1	* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OR	TOTAL	 	
CLAIMS AS AMENDED - PART II												<u> </u>	
4	13.06	O6 (Column 1)			(Column 2) HIGHEST	(Column 3)	- ,	SMALL	ENTITY	OR	OTHE SMALL	R THAN .ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMEN	IT	NUM PREVI PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	(37 CFR 1.16(c))	196	Minus	I a	52	=		× :25 =		OR	x \$50 =	122	
	(37 CFR 1.16(b))	_7	Minus	L. 6	2	= /		× s <u>100</u> =		OR	× \$ 200=	200	
∀	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ \$180 =		OR	+ \$ 360=	200	
								TOTAL ADD'L FEE		OR	TOTAL ADDICA	200	
AMENDMENT B		(Column 1) CLAIMS	-	(Colu	mn 2) EST	(Column 3)	, ,			7	[· · ·		
		REMAINING AFTER AMENDMENT		PREVIO PAID I	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
	Total (37 CFR 1.16(c))		Minus			= ,		× , 25 =		OR	× \$ <u>5</u> 0 =	FEE	
	Independent (37 CFR 1.16(b))		Minus	•••		=		= 001 z ×		OR OR	× s 200=		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ 5_180=		OR OR	+ \$360=		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
		(Column 1)		(Colum	າກ 2)	(Column 3)		•					
岁		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
	Total (37 CFR 1.16(c))		Minus	••		=	×	s25 =		OR	× s <u>50</u> =	FEE	
	Independent (37 CFR 1.16(b))	•	Minus	•••		=	-	s <u>100</u> =		- t	× \$200 =		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						T	s180 =		OR	+ 360=		
	• If the outering of the state								·		TOTAL ADD'L FEE		
***	ADD'L FEE OR ADD'L FEE ADD'L FEE OR ADD'L FEE If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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